

# STLCOWD - ITA Approval Form



Email to: [ita-etp@fwca-stl.com](mailto:ita-etp@fwca-stl.com)  
[www.stlcowd.org](http://www.stlcowd.org)

DATE:

PROGRAM: WIOA

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TO BE COMPLETED BY REFERRING OFFICE

REFERRED BY (COMPANY):

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**PARTICIPANT INFORMATION:**

<b>NAME (LAST, FIRST)</b>		<b>ADDRESS OF PARTICIPANT &amp; COUNTY OF RESIDENCE</b>	
<b>STATE ID</b>			
<b>TRAINING INSTITUTION</b>		<b>TRAINING INSTITUTION ADDRESS</b>	
<b>PROGRAM TITLE</b>			

*FUNDING: (Total Amount Approved and Obligated):*

<b>COURSE TITLE</b>			
<b>TUITION</b>		<b>BOOKS</b>	
<b>PELL GRANT/LOAN AMOUNT</b>		<b>SCHOLARSHIP(S) AMOUNT</b>	
<b>SUPPLIES</b>		<b>FEES</b>	
		<b>TOTAL:</b>	
<b>PROGRAM START DATE:</b>		<b>PROGRAM END DATE:</b>	
<b>TOTAL ITA FUNDING REQUESTING:</b>	\$		
<b>SIGNATURE CASE MANAGER</b>		<b>DATE:</b>	
<b>APPROVAL SIGNATURE WIOA DESIGNATED STAFF</b>		<b>DATE:</b>	